Attorney Docket No. 71024-624

SEP 2 4 2094 5

DECLARATION AND POWER OF ATTORNEY

As below-named inventors, being duly sworn, We depose and say that our residence,
address and all and hip are as stated below. We believe We are the original and first and
joint inventors of the subject matter which is claimed and for which a patent is sought on
the invention entitled LAMINATED CARRIER GASKET WITH OFF-SET ELASTOMERIC SEALING
the specification of which
(check one) [] is attached hereto.
[] was filed on, as Application Serial No.
and and amended on (if applicable)

We hereby state that We have reviewed and understand the contents of the aboveidentified specification, including the claims, as amended by any amendment referred to above. We acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, section 1.56(a).

We hereby claim foreign priority benefits under Title 35, United States Code, section 119 of any foreign application(s) for patent or inventor's certificate(s) listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority date is claimed:

Application No:
Country:
Date of Filing:

Country:

Date of Filing:

Country:

Date of Filing:

Country:

Date of Filing:

We hereby claim the benefit under Title 35, United States Code, section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, section 112, We acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

60/471,999

(Application Serial No.)

(Application Serial No.)

(Filing Date)

(Status-Patented/Pending/Abandoned)

We hereby declare that all and the patented pending pendin

We hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

We hereby appoint Jon E. Shackelford, Reg. No. 36,003, and Robert L. Stearns, Reg. No. 36,937 registered Patent Attorneys, as our attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. We request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to Robert L. Stearns, 39400 Woodward Ave., Bloomfield Hills, Michigan 48304-5151. Phone 248-645-1483.

Trademark Office connected therewith. We request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to Robert L. Stearns, 39400 Woodward Ave., Bloomfield Hills, Michigan 48304-5151, Phone 248-645-1483.

Signature Signature Date: 09/2004

Full Name: Erich Gernand Full Name: Daniel J. Vialard Residence: Clarksville, TN Residence: Novi, MI
City, State, Zip: Clarksville, TN 37042

City, State, Zip: Novi, MI 48377

Country: USA
Citizenship: USA
P.O. Address: 507 Dale Terrace Ct.

P.O. Address: 42226 Fulton Circle

Clarksville, TN 37042 Novi, MI 48377
[x] Additional names and signatures are attached Page 1 of 2

Signature: 7. 1 2007 Dare: 9/21/2007 Full Name: Told M. Willis	lls	Signature:	_
Residence: Walled Lake, MI City, State, Zip: Walled Lountry: USA Citizenship: USA P.O. Address: 1622 Oak Grov Walled Lake,	e Dirve MI 48390-3741	Residence: City, State, Zip: Country: Citizenship: P.O. Address:	•
Citizenship: P.O. Address:	759+324 <u>6</u>	Citizenship: P.O. Address:	
Signature: Date: Full Name: Residence: City, State, Zip: Country: Citizenship: P.O. Address:	garagada kata da kata d Baraga kata da	Signature: Date: Date: Pull Name: Residence: City, State, Zip: Country: Citizenship: P.O. Address:	
P.O. Address:		City, State, Zip: Citizenship: P.O. Address:	
Full Name: Residence: City, State, Zip: Country: Citizenship: P.O. Address:		Signature: Date: Will Name: Residence: City, State, Zip:	
Signature: Date: Full Name: Residence: City, State, Zip:		Signature: Date: Pull Name: Residence: City, State, Zip: Country: Citizenship: P.O. Address:	
2,	Page 2	Signature: Date: Full Name: Residence: City, State, Zip: Country: Citizenship: P.O. Address:	_
		grades of the health	